



PREFERRED DRUG LIST

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INHALATION AGENTS

Anticholinergics for the Maintenance Treatment of COPD

Preferred	Non-Preferred, Prior Authorization Required
Spiriva® Handihaler® (tiotropium)	Atrovent® HFA (ipratropium bromide) Incruse Ellipta® (umeclidinium bromide) Seebri Neohaler® (glycopyrrolate) Spiriva® Respimat (tiotropium) Tudorza PressAir® (aclidinium)

Beta₂-Agonists - Long-Acting

**Clinical prior authorization may apply*

Preferred	Non-Preferred, Prior Authorization Required
Serevent® Diskus® (salmeterol)	Arcapta® (indacaterol) Brovana® (arformoterol) Perforomist® (formoterol) Striverdi® Respimat® (olodaterol)

Beta₂-Agonists - Short-Acting

Preferred	Non-Preferred, Prior Authorization Required
AccuNeb® (albuterol) ProAir HFA® (albuterol) Proventil® HFA (albuterol) Proventil® Inhalation Solution (albuterol) Ventolin® Inhalation Solution (albuterol)	Maxair® (pirbuterol) ProAir RespiClick® (albuterol) Ventolin HFA® (albuterol) Xopenex® Inhalation Solution (levalbuterol) Xopenex HFA® (levalbuterol)

Beta₂-Agonists - Long-Acting/Anticholinergics

**Clinical prior authorization may apply*

Preferred	Non-Preferred, Prior Authorization Required
Anoro Ellipta® (umeclidinium/vilanterol) Bevespi Aerosphere™ (glycopyrrolate/formoterol) Stiolto® Respimat® (tiotropium/olodaterol)	Utibron™ Neohaler® (indacaterol/glycopyrrolate)

Beta₂-Agonists - Long-Acting/Corticosteroids

**Clinical prior authorization may apply*

Preferred	Non-Preferred, Prior Authorization Required
Advair Diskus® (fluticasone/salmeterol) Dulera® (formoterol/mometasone) Symbicort® (budesonide/formoterol)	Airduo™ Respclick® (fluticasone/salmeterol) Advair® HFA (fluticasone/salmeterol) Breo Ellipta® (fluticasone/vilanterol)



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Inhalation Agents (continued)

Corticosteroids

Preferred	Non-Preferred, Prior Authorization Required
Alvesco® (ciclesonide)	Aerospan® (flunisolide)
Arnuity Ellipta® (fluticasone)	Armonair™ RespiClick® (fluticasone)
Asmanex® (mometasone)	Asmanex® HFA (mometasone)
Flovent® HFA (fluticasone)	Flovent® Diskus® (fluticasone)
Pulmicort Flexhaler™ (budesonide)	Pulmicort Respules® (budesonide) *> 7 years of age
Pulmicort Respules® (budesonide) *≤ 6 years of age only	QVAR RediHaler®(beclomethasone)
QVAR® (beclomethasone)	

Tobramycin Products

Preferred	Non-Preferred, Prior Authorization Required
Bethkis® (tobramycin)	Tobi® (tobramycin)
Kitabis pak® (tobramycin nebulizer)	Tobi® Podhaler™ (tobramycin)

INTRANASAL AGENTS

Antihistamines

Preferred	Non-Preferred, Prior Authorization Required
Astelin® (azelastine)	Astepro® (azelastine) Patanase® (olopatadine)

Corticosteroids

Preferred	Non-Preferred, Prior Authorization Required
Flonase® (fluticasone) Qnasl® (beclomethasone) Omnaris® (ciclesonide)	Beconase AQ® (beclomethasone) Nasacort AQ®(triamcinolone) Nasarel® (flunisolide) Nasonex® (mometasone) Rhinocort AQ® (budesonide) Veramyst® (fluticasone) Zetonna® (ciclesonide)

OPHTHALMIC AGENTS

Antihistamine/Mast Cell Stabilizers

Preferred	Non-Preferred, Prior Authorization Required
Alaway® (ketotifen)	Alocril® (nedocromil)
Cromolyn® (cromolyn)	Alomide® (lodoxamide)
Patanol® (olopatadine)	Bepreve® (bepotastine)
Pazeo® (olopatadine)	Elastat® (epinastine)
Refresh® (ketotifen)	Emadine® (emedastine)
Zaditor® (ketotifen)	Lastacaft® (alcaftadine) Optivar® (azelastine) Pataday® (olopatadine)



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OPHTHALMIC AGENTS (continued)

Anti-Infective/Steroid Combinations

Preferred	Non-Preferred, Prior Authorization Required
Blephamide® (sulfacetamide/prednisolone)	Blephamide S.O.P.® (sulfacetamide/prednisolone)
Maxitrol® (neomycin/polymyxin/dexamethasone)	TobraDex® (tobramycin/dexamethasone)
Pred-G® (prednisolone/gentamicin)	TobraDex® ST (tobramycin/dexamethasone)
Pred-G S.O.P.® (prednisolone/Gentamicin)	Zylet®(Loteprednol/Tobramycin)

Carbonic Anhydrase Inhibitors

Preferred	Non-Preferred, Prior Authorization Required
Azopt® (brinzolamide)	Trusopt® (dorzolamide)
Simbrinza® (brinzolamide/brimonidine tartrate)	

Non-Steroidal Anti-Inflammatory Drugs - Ophthalmic

Preferred	Non-Preferred, Prior Authorization Required
Acuvail® (ketorolac)	Acular® (ketorolac)
Ilevro® (nepafenac)	Acular LS® (ketorolac)
Ocufen®(flurbiprofen)	Bromday® (bromfenac)
Voltaren® Ophthalmic (diclofenac)	BromSite® (bromfenac)
	Prolensa® (bromfenac)
	Nevanac® (nepafenac)

Prostaglandin Analogs

Preferred	Non-Preferred, Prior Authorization Required
Xalatan® (latanoprost)	Lumigan® (bimatoprost) Travatan Z® (travoprost) Zioptan® (tafluprost)

OTIC AGENTS

Anti-Infective/Steroid Combinations

Preferred	Non-Preferred, Prior Authorization Required
Cipro® HC (ciprofloxacin/hydrocortisone)	Acetasol HC® (acetic acid/hydrocortisone)
Ciprodex® (ciprofloxacin/dexameth)	Cortisporin® Otic Suspension (neomycin/polymyxin B/hc)
Cortisporin® Otic Solution (neomycin/polymyxin B/hc)	Otovel® (ciprofloxacin/fluocinolone)
Coly-Mycin S®	

ORAL/INJECTABLE/TOPICAL AGENTS

ACE Inhibitors

Preferred	Non-Preferred, Prior Authorization Required
Accupril® (quinapril)	Aceon® (perindopril)
Altace® (ramipril)	Capoten® (captopril)
Lotensin® (benazepril)	Epaned® (enalapril solution)
Monopril® (fosinopril)	Mavik®(trandolapril)
Prinivil® (lisinopril)	Qbrelis® (lisinopril solution)
Zestril® (lisinopril)	Univasc® (moexipril)
	Vasotec® (enalapril)



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ORAL/INJECTABLE/TOPICAL AGENTS (continued)

ACE Inhibitor/Calcium Channel Blocker Combinations

Preferred	Non-Preferred, Prior Authorization Required
Lotrel® (benazepril/amlodipine)	Tarka® (trandolapril/verapamil)

Acne Agents - Topical

**Clinical prior authorization may apply*

Preferred	Non-Preferred, Prior Authorization Required
Aczone® (dapsone) gel Atralin® (tretinoin) gel Cleocin-T® (clindamycin) solution Duac® (benzoyl peroxide-clindamycin) gel Epiduo® (benzoyl peroxide-adapalene) gel Ery® (erythromycin) pads Erythromycin solution Retin-A® (tretinoin) cream Sumadan® Wash (sulfacetamide-sulfur cleanser) Tazorac® (tazarotene) cream Tazorac® (tazarotene) gel	Acanya® (benzoyl peroxide-clindamycin) gel Avar® (sulfacetamide-sulfur) pads Avar-E® Emollient (sulfacetamide-sulfur) cream Avar-E Green® (sulfacetamide-sulfur) cream Avar LS® (sulfacetamide-sulfur) pads Avita® (tretinoin) cream Azealex® (azelaic acid) cream Benzaclin® (benzoyl peroxide-clindamycin) gel Benzamycin® (benzoyl peroxide-erythromycin) gel BP 10-1® (sulfacetamide/sulfur cleanser) Cerisa® (sulfacetamide-sulfur) emulsion Cleocin-T® (clindamycin) gel Cleocin-T® (clindamycin) lotion Clindacin® ETZ (clindamycin) swab Clindacin-P® (clindamycin) swab Clindagel® (clindamycin) gel Differin® (adapalene) cream Differin® (adapalene) gel Epiduo® Forte (adapalene/benzoyl peroxide) Erygel® (erythromycin) gel Evoclin® (clindamycin phosphate) foam Fabior® (tazarotene) foam Klaron® (sulfacetamide) lotion Neuac® (clindamycin/benzoyl peroxide) Onexton® (benzoyl peroxide-clindamycin) gel Retin-A® Micro (tretinoin) gel Rosanil® Cleanser (sulfacetamide-sulfur) emulsion Rosula® (sulfacetamide-sulfur) pads SSS 10-5® (sulfacetamide-sulfur) cream Sulfacetamide suspension Sulfacetamide-Sulfur lotion Sumadan® (sulfacetamide-sulfur) kit Sumaxin® (sulfacetamide-sulfur) pads Sumaxin® TS (sulfacetamide-sulfur) suspension Sumaxin® Wash (sulfacetamide-sulfur) liquid Veltin® (clindamycin-tretinoin) Ziana® (clindamycin-tretinoin)



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ORAL/INJECTABLE/TOPICAL AGENTS (continued)

ADHD – Amphetamine Type

Preferred	Non-Preferred, Prior Authorization Required
Adderall® (dextroamphetamine/amphetamine)	Adzenys XR-ODT™ (amphetamine ER)
Adderall XR® (dextroamphetamine/amphetamine ER)	Desoxyn® (methamphetamine)
Dexedrine® tablets (dextroamphetamine)	Dyanavel® XR (amphetamine ER)
Dexedrine® ER capsules (dextroamphetamine ER)	Procentra® (dextroamphetamine)
Dextrostat® (dextroamphetamine)	Zenzedi® (dextroamphetamine)
Vyvanse® (lisdexamfetamine)	

ADHD – Methylphenidate Type

Preferred	Non-Preferred, Prior Authorization Required
Concerta® (methylphenidate ER)	Aptensio XR® (methylphenidate ER)
Daytrana® (methylphenidate)	Methylin Chewable® (methylphenidate)
Focalin® (dexmethylphenidate)	Methylin Solution® (methylphenidate)
Focalin® XR (dexmethylphenidate ER)	Metadate® ER (methylphenidate ER)
Metadate CD® (methylphenidate 30/70)	Ritalin LA® (methylphenidate 50/50)
Quillichew ER™ (methylphenidate ER)	Ritalin SR® (methylphenidate ER)
Quillivant XR® (methylphenidate ER)	
Ritalin® (methylphenidate)	

Adjunct Anti-epileptics

*Clinical prior authorization may apply

Preferred	Non-Preferred, Prior Authorization Required
Keppra® (levetiracetam)	Banzel® (rufinamide)
Keppra XR® (levetiracetam XR)	Fycompa® (perampanel)
Keppra® Solution (levetiracetam)	Gabitril® (tiagabine)
Neurontin® (gabapentin)	Lyrica® (pregabalin)
Zonegran® (zonisamide)	Lyrica® Solution (pregabalin)
	Onfi® (clobazam)
	Oxtellar® XR (oxcarbazepine)
	Spritam® (levetiracetam)

5-Alpha Reductase Inhibitors

Preferred	Non-Preferred, Prior Authorization Required
Avodart®(dutasteride)	
Proscar®(finasteride)	

Alpha glucosidase Inhibitors

Preferred	Non-Preferred, Prior Authorization Required
Precose® (acarbose)	Glyset® (miglitol)

Anaphylaxis Agents

Preferred	Non-Preferred, Prior Authorization Required
Adrenaclick® (epinephrine auto inject)	Symjepi®(epinephrine)
Epipen® (epinephrine auto inject)	
Epipen Jr® (epinephrine auto inject)	
Epinephrine auto injectors	



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Androgenic Agents (Formerly Testosterone Agents-Topical)

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Preferred	Non-Preferred, Prior Authorization Required
Androgel® (testosterone) Depo-Testosterone® (testosterone cypionate) Vogelxo® (testosterone)	Androderm® (testosterone) Android® (methyltestosterone) Androxy® (fluoxymesterone) Aveed® (testosterone undecanoate) Axiron® (testosterone) Fortesta® (testosterone) Methitest® (methyltestosterone) Natesto® (testosterone) Oxandrin® (oxandrolone) Striant® (testosterone) Testim® (testosterone) Testred® (methyltestosterone)

Anti-coagulants

Preferred	Non-Preferred, Prior Authorization Required
Coumadin® (warfarin) Eliquis® (apixaban) Pradaxa® (dabigatran) Xarelto® (rivaroxaban)	Savaysa® (edoxaban)

Anti-Constipation Agents

Preferred	Non-Preferred, Prior Authorization Required
Amitiza®(lubiprostone) Linzess®(linaclotide)	Trulance®(plecanatide)

Anti-Constipation Agents – Opioid Induced Cause

**Clinical prior authorization may apply*

Preferred	Non-Preferred, Prior Authorization Required
Amitiza® (lubiprostone) Movantik® (naloxegol) Symproic® (naldemedine)	Relistor® (methylnaltrexone) (tablets and injection)

Antidepressants - SNRIs

Preferred	Non-Preferred, Prior Authorization Required
Cymbalta® (duloxetine) Effexor® (venlafaxine) Effexor® XR capsules (venlafaxine ER) Pristiq® (desvenlafaxine)	Effexor® XR tablets (venlafaxine ER) Fetzima® (levomilnacipran) Savella® (milnacipran)



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Antidepressants - SSRIs	
Preferred	Non-Preferred, Prior Authorization Required
Celexa® (citalopram) Lexapro® (escitalopram) Luvox® (fluvoxamine) Paxil® (paroxetine) Prozac® capsules (fluoxetine) Prozac® solution (fluoxetine) Zoloft® (sertraline)	Celexa® solution (citalopram) Lexapro® solution (escitalopram) Paxil CR® (paroxetine ER) Paxil® solution (paroxetine) Pexeva® (paroxetine) Prozac® tablets (fluoxetine) Zoloft® solution (sertraline)
Antidepressants - Tricyclics	
Preferred	Non-Preferred, Prior Authorization Required
Doxepin capsules and solution Elavil® (amitriptyline) Pamelor® (nortriptyline) Tofranil® (imipramine)	Amoxapine Anafranil® (clomipramine) Norpramin® (desipramine) Pamelor® solution (nortriptyline) Surmontil® (trimipramine) Tofranil - PM® (imipramine) Vivactil® (protriptyline)
Anti-Diarrheal Agents	
Preferred	Non-Preferred, Prior Authorization Required
Lotronex®(alosetron) Viberzi®(eluxadoline)	Xermelo®(telotristat)
Anti-emetics Cannabinoid <i>*Clinical prior authorization may apply</i>	
Preferred	Non-Preferred, Prior Authorization Required
Marinol® (dronabinol)	Cesamet® (nabilone) Syndros® (dronabinol)
Anti-emetics Serotonin 5HT ₃ Antagonists	
Preferred	Non-Preferred, Prior Authorization Required
Zofran® (ondansetron) Zofran ODT® (ondansetron)	Anzemet® (dolasetron) Gransol® (gransetron) Kytril® (gransetron) Sancuso® (gransetron) Zuplenz® (ondansetron)



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Anti-Histamines - Non-Sedating

Preferred	Non-Preferred, Prior Authorization Required
Claritin® (loratadine)	Allegra® ODT (fexofenadine)
Claritin 24-hr Allergy® (loratadine)	Clarinex® (desloratadine)
Claritin® Syrup (loratadine)	Claritin Hives Relief® (loratadine)
Zyrtec® (cetirizine)	Claritin RediTabs® (loratadine)
Zyrtec® Syrup (cetirizine)	Xyzal® (levocetirizine)
Allegra® (fexofenadine)	The following drugs are covered for KBH only: Allegra-D® (fexofenadine/pseudoephedrine) Allegra-D24® (fexofenadine/pseudoephedrine) Clarinex-D 12-hour® (desloratadine/pseudoephedrine) Clarinex-D 24-hour® (desloratadine/pseudoephedrine)

Anti-Viral - Herpes

Preferred	Non-Preferred, Prior Authorization Required
Valtrex® (valacyclovir)	Famvir® (famciclovir)
Zovirax® (acyclovir) (oral dosage forms only)	Sitavig® (acyclovir)

ARBs

Preferred	Non-Preferred, Prior Authorization Required
Avalide® (irbesartan/HCTZ)	Atacand® (candesartan)
Avapro® (irbesartan)	Atacand HCT® (candesartan/HCTZ)
Cozaar® (losartan)	Benicar® (olmesartan)
Diovan® (valsartan)	Benicar HCT® (olmesartan/HCTZ)
Diovan HCT® (valsartan/HCTZ)	Edarbyclor® (azilsartan medoxomil)
Edarbyclor® (azilsartan medoxomil/chlorthalidone)	Micardis® (telmisartan)
Entresto® (sacubitril/valsartan)	Micardis HCT® (telmisartan/HCTZ)
Hyzaar® (losartan/HCTZ)	Teveten® (eprosartan)
Tribenzor® (olmesartan/amlodipine/HCTZ)	

ARB/Calcium Channel Blocker Combinations

Preferred	Non-Preferred, Prior Authorization Required
Azor® (amlodipine/olmesartan)	Twynsta® (amlodipine/telmisartan)
Exforge® (amlodipine/valsartan)	



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ORAL/INJECTABLE/TOPICAL AGENTS (continued)

Beta-Blockers

Preferred	Non-Preferred, Prior Authorization Required
Betapace® (sotalol)	Blocadren® (timolol)
Betapace AF® (sotalol AF)	Bystolic® (nebivolol)
Coreg® (carvedilol)	Byvalson® (nebivolol/valsartan)
Inderal® (propranolol)	Coreg CR® (carvedilol CR)
Lopressor® (metoprolol tartrate)	Corgard® (nadolol)
Sectral® (acebutolol)	Corzide® (nadolol/bendroflumethiazide)
Tenormin® (atenolol)	Dutoprol® (metoprolol/HCTZ)
Ziac® (bisoprolol/HCTZ)	Inderal® LA (propranolol XL)
	InnoPran® XL (propranolol XL)
	Kerlone® (betaxolol)
	Labetalol (labetalol)
	Levatol® (penbutolol)
	Lopressor HCT® (metoprolol/HCTZ)
	Toprol-XL® (metoprolol succinate)
	Visken® (pindolol)
	Zebeta® (bisoprolol)

Biguanides

Preferred	Non-Preferred, Prior Authorization Required
Glucophage® (metformin)	Fortamet® (metformin ER)
Glucophage® XR (metformin ER)	Glumetza® (metformin ER)
	Riomet® (metformin oral solution)

Bile Acid Sequestrants

Preferred	Non-Preferred, Prior Authorization Required
Colestid® Tablets (colestipol)	Colestid® Granules (colestipol)
Prevalite® Powder (cholestyramine light)	Questran® (cholestyramine)
Prevalite® Powder Packs (cholestyramine light)	Questran Light® (cholestyramine light)
Welchol® Powder (colesevelam)	
Welchol® Tablets (colesevelam)	

Bisphosphonates

Preferred	Non-Preferred, Prior Authorization Required
Fosamax® (alendronate)	Actonel® (risedronate) Atelvia® (risedronate) Binosto® (alendronate) Boniva® (ibandronate) Fosamax Plus D® (alendronate/cholecalciferol)



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Bladder Relaxant Agents	
Preferred	Non-Preferred, Prior Authorization Required
Ditropan® (oxybutynin)	Detrol® (tolterodine)
Ditropan XL® (oxybutynin ER)	Detrol® LA (tolterodine ER)
Toviaz® (fesoterodine)	Enablex® (darifenacin)
Vesicare® (solifenacain)	Gelnique® Gel (oxybutynin) Myrbetriq®(mirabegron) Oxytrol® Patch (oxybutynin) Sanctura® (trospium) Sanctura® XR (trospium ER) Urispas® (flavoxate)

Calcium Channel Blockers - Dihydropyridines	
Preferred	Non-Preferred, Prior Authorization Required
Norvasc® (amlodipine)	Adalat® (nifedipine IR)
Plendil® (felodipine)	Adalat CC® (nifedipine ER)
Procardia® XL (nifedipine ER)	Cardene® (nicardipine IR) Cardene® SR (nicardipine SR)
	DynaCirc® (isradipine IR) Sular® (nisoldipine)

Calcium Channel Blockers - Non-Dihydropyridines	
Preferred	Non-Preferred, Prior Authorization Required
Calan® (verapamil IR)	Cardizem® LA (diltiazem)
Calan SR® (verapamil SR)	Cardizem® SR (diltiazem)
Cardizem® (diltiazem IR)	Matzim LA® (diltiazem ER)
Cardizem® CD (diltiazem)	Tiazac® (diltiazem)
Cartia XT® (diltiazem ER)	Verelan® (verapamil SR)
Dilt-XR® (diltiazem ER)	Verelan PM® (verapamil)
Isoptin® SR (verapamil SR)	
Taztia XT ®(diltiazem ER)	

Corticosteroids – Topical – High Potency <i>*Clinical prior authorization may apply</i>	
Preferred	Non-Preferred, Prior Authorization Required
Clobetasol Propionate E® (clobetasol propionate)	ApexiCon E® (diflorasone diacetate)
Clobex® (clobetasol propionate)	Clodan® (clobetasol propionate)
Cormax Scalp® (clobetasol propionate)	Halog® (halcinonide)
Diprolene® (betamethasone dipropionate augmented)	Psorcon® (diflorasone diacetate)
Diprolene AF® (betamethasone dipropionate augmented)	Sernivo® (betamethasone dipropionate)
Olux® (clobetasol propionate)	Topicort® (desoximetasone)
Olux-E® (clobetasol propionate)	Vanos® (fluocinonide)
Temovate® (clobetasol propionate)	
Temovate E® (clobetasol propionate)	
Ultravate® (halobetasol propionate)	



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ORAL/INJECTABLE/TOPICAL AGENTS (continued)

Corticosteroids – Topical –Intermediate Potency

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Preferred	Non-Preferred, Prior Authorization Required
Cutivate® (fluticasone propionate)	Cloderm® (clocortolone pivalate)
Dermatop® (prednicarbate)	Cordran® (flurandrenolide)
DesOwen® (desonide)	Dermazone® (triamcinolone acetonide)
Elocon® (mometasone furoate)	Locoid® (hydrocortisone butyrate)
Kenalog® (triamcinolone acetonide)	Locoid Lipocream® (hydrocortisone butyrate)
Synalar® (fluocinolone acetonide)	LoKara® (desonide)
	Luxiq® (betamethasone valerate)
	Nolix® (flurandrenolide)
	Pandel® (hydrocortisone probutate)
	Trianex® (triamcinolone acetonide)
	Triderm® (triamcinolone acetonide)
	Tridesilon® (desonide)
	Westcort® (hydrocortisone valerate)

Corticosteroids – Topical –Mild Potency

**Clinical prior authorization may apply*

Preferred	Non-Preferred, Prior Authorization Required
Aclovate® (alclometasone dipropionate)	Ala-Cort® (hydrocortisone base)
Synalar® (fluocinolone acetonide)	Capex® (fluocinolone acetonide)
	Derma-Smoothe/FS Body & Scalp® (fluocinolone acetonide)
	Desonate® (desonide)
	Fluocinolone Body & Scalp® (fluocinolone acetonide)
	Pediaderm HC® (hydrocortisone base)
	Texacort® (hydrocortisone base)
	Verdeso® (desonide)

COX-II Inhibitors

Preferred	Non-Preferred
Celebrex® (celecoxib)	

DPP-4 Inhibitors

Preferred	Non-Preferred, Prior Authorization Required
Janumet® (sotaliptin/metformin)	Janumet® XR (sitagliptin/metformin XR)
Januvia® (sitagliptin)	Jentadueto® (linagliptin/metformin)
Kombiglyze® XR (saxagliptin/metformin)	Jentadueto® XR (linagliptin/metformin XR)
Onglyza® (saxagliptin)	Kazano® (alogliptin/metformin)
	Nesina® (alogliptin)
	Oseni®(alogliptin/pioglitazone)
	Tradjenta® (linagliptin)



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Erythropoiesis-Stimulating Agents

Preferred	Non-Preferred, Prior Authorization Required
Epogen® (epoetin alfa)	Aranesp® (darbepoetin alfa) Procrit® (epoetin alfa)

Fibric Acid Derivatives

Preferred	Non-Preferred, Prior Authorization Required
Fenofibrate generics Lopid® (gemfibrozil)	Antara® (fenofibrate) Fenoglide® (fenofibrate) Lipofen® (fenofibrate) Lofibra® (fenofibrate) Tricor® (fenofibrate) Triglide® (fenofibrate) Trilipix® (fenofibric acid)

Fluorouracil Agents

**Clinical prior authorization may apply*

Preferred	Non-Preferred, Prior Authorization Required
Efudex®	Carac® Tolak®

GLP- 1 RA (formerly Incretin Mimetics)

**Clinical prior authorization may apply*

Preferred	Non-Preferred, Prior Authorization Required
Bydureon® Pens and Vials (exenatide ER) Byetta® (exenatide) Victoza® (liraglutide)	Adlyxin® (lixisenatide) Tanzeum® (albiglutide) Trulicity® (dulaglutide)

Growth Hormones

**Clinical prior authorization may apply*

Preferred	Non-Preferred, Prior Authorization Required
Genotropin® (somatropin) Genotropin® MiniQuick (somatropin) Omnitrope® (somatropin)	Humatrope® (somatropin) Norditropin® FlexPro (somatropin) Nutropin® AQ (somatropin) Nutropin AQ NuSpin® (somatropin) Saizen® (somatropin) Zomacton® (somatropin)



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ORAL/INJECTABLE/TOPICAL AGENTS (continued)

Hepatitis C Agents – Direct Acting

**Clinical prior authorization may apply*

Preferred	Non-Preferred, Prior Authorization Required
Mavyret®(glecaprevir/pibrentasvir)	Daklinza® (daclatasvir) Epclusa® (sofosbuvir/velpatasvir) Harvoni® (ledipasvir/sofosbuvir) Sovaldi® (sofosbuvir)/Olysio® (simprevir) in combination Technivie® (ombitasvir/paritaprev/ritonavir) Viekira Pak® (dasabuvir/ombitasvir/paritaprev/ritonavir) Viekira® XR (dasabuvir/ombitasvir/paritaprev/ritonavir) Zepatier® (elbasvir/grazoprevir)

Hepatitis C Agents - Refractory Treatment

**Clinical prior authorization may apply*

Preferred	Non-Preferred, Prior Authorization Required
Mavyret®(glecaprevir/pibrentasvir)	Vosevi®(sofosbuvir/velpatasvir/voxilaprevir)

H₂ Antagonists

Preferred	Non-Preferred, Prior Authorization Required
Pepcid® (famotidine)	Axid® (nizatidine)
Zantac® (ranitidine)	Pepcid® (famotidine) oral suspension Tagamet® (cimetidine)

Homozygous Familial Hypercholesterolemia (HoFH) Agents

**Clinical prior authorization may apply*

Preferred	Non-Preferred, Prior Authorization Required
Kynamro® (mipomersen)	Juxtapid® (lomitapide mesylate)

Hypertriglyceridemia Agents

Preferred	Non-Preferred, Prior Authorization Required
Lovaza® (omega-3 acid ethyl esters)	Vascepa® (icosapent ethyl)

Immunomodulation Agents - Adult Rheumatoid Arthritis

**Clinical prior authorization may apply*

Preferred	Non-Preferred, Prior Authorization Required
Enbrel® (etanercept) Humira® (adalimumab) Xeljanz® (tofacitinib) Xeljanz® XR (tofacitinib)	Actemra® (tocilizumab) Cimzia® (certolizumab) Kevzara® (sarilumab) Kineret® (anakinra) Orencia® (abatacept) Remicade® (infliximab) Rituxan® (rituximab) Simponi Aria® (golimumab) Simponi® (golimumab)



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ORAL/INJECTABLE/TOPICAL AGENTS (continued)

Immunomodulation Agents - Ankylosing Spondylitis

**Clinical prior authorization may apply*

Preferred	Non-Preferred, Prior Authorization Required
Enbrel® (etanercept) Humira® (adalimumab)	Cosentyx® (secukinumab) Cimzia® (certolizumab) Remicade® (infliximab) Simponi® (golimumab)

Immunomodulation Agents - Crohn's Disease

**Clinical prior authorization may apply*

Preferred	Non-Preferred, Prior Authorization Required
Humira® (adalimumab)	Cimzia® (certolizumab) Entyvio® (vedolizumab) Remicade® (infliximab) Stelara® (ustekinumab) Tysabri® (natalizumab)

Immunomodulation Agents - Juvenile Idiopathic Arthritis

**Clinical prior authorization may apply*

Preferred	Non-Preferred, Prior Authorization Required
Enbrel® (etanercept) Humira® (adalimumab)	Actemra® (tocilizumab) Orencia® (abatacept)

Immunomodulation Agents - Plaque Psoriasis

**Clinical prior authorization may apply*

Preferred	Non-Preferred, Prior Authorization Required
Enbrel® (etanercept) Humira® (adalimumab) Otezla® (apremilast)	Amevive® (alefacept) Cosentyx® (secukinumab) Remicade® (infliximab) Siliq® (brodalumab) Stelara® (ustekinumab) Taltz® (ixekizumab) Tremfya®(Guselkumab)

Immunomodulation Agents - Psoriatic Arthritis

**Clinical prior authorization may apply*

Preferred	Non-Preferred, Prior Authorization Required
Enbrel® (etanercept) Humira® (adalimumab) Otezla® (apremilast)	Cosentyx® (secukinumab) Cimzia® (certolizumab) Remicade® (infliximab) Simponi® (golimumab) Stelara® (ustekinumab) Orencia®(abatacept)



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ORAL/INJECTABLE/TOPICAL AGENTS (continued)

Immunomodulation Agents - Ulcerative Colitis

**Clinical prior authorization may apply*

Preferred	Non-Preferred, Prior Authorization Required
Humira® (adalimumab)	Entyvio® (vedolizumab) Remicade® (infliximab) Simponi® (golimumab)

Inflammatory Bowel Disease Agents - Oral

Preferred	Non-Preferred, Prior Authorization Required
Azulfidine® (sulfasalazine)	Apriso® (mesalamine ER 24hr)
Delzicol® (mesalamine DR)	Asacol® HD (mesalamine DR)
Lialda® (mesalamine DR)	Colazal® (balsalazide disodium)
Pentasa® (mesalamine ER)	Dipentum® (olsalazine) Giazo® (balsalazide disodium) Uceris® (budesonide)

Insulin - Long-Acting

Preferred	Non-Preferred, Prior Authorization Required
Lantus® (insulin glargine)	Basaglar® (insulin glargine)
Lantus SoloStar® (insulin glargine)	Toujeo SoloStar® (insulin glargine)
Levemir® Vial, FlexPen, FlexTouch (insulin detemir)	Tresiba FlexTouch® (insulin degludec)

Insulin - Long-Acting/GLP-1 RA

Preferred	Non-Preferred, Prior Authorization Required
Soliqua® (insulin glargine/lixisenatide)	Xultophy® (insulin degludec/liraglutide)

Insulin- Short Acting and Intermediate Acting

Preferred	Non-Preferred, Prior Authorization Required
Humalog® multi-dose vial	Humalog® (excluding multi-dose vials)
Humalog® Mix multi-dose vial	Humalog® Mix (excluding multi-dose vials)
Humulin N® multi-dose vial	Humulin N® (excluding multi-dose vials)
Humulin R® multi-dose vial	Humulin R® (excluding multi-dose vials)
Humulin 70/30® multi-dose vial	Humulin 70/30® (excluding multi-dose vials)
Novolin N® multi-dose vial	Novolin N® (excluding multi-dose vials)
Novolin R® multi-dose vial	Novolin R® (excluding multi-dose vials)
Novolin 70/30® multi-dose vial	Novolin 70/30® (excluding multi-dose vials)
NovoLog® multi-dose vial, PenFill, & FlexPen	Velosulin BR® (excluding multi-dose vials)
NovoLog® Mix multi-dose vial, PenFill, & FlexPens	
Velosulin BR® multi-dose vial	

Lice Treatments

Preferred	Non-Preferred, Prior Authorization Required
Natroba® (spinosad)	Ovide® (malathion)
Sklice® (ivermectin)	

Meglitinides

Preferred	Non-Preferred, Prior Authorization Required
Prandin® (repaglinide)	Starlix® (nateglinide)



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ORAL/INJECTABLE/TOPICAL AGENTS (continued)

Methotrexate - Injectable

*Clinical prior authorization may apply

Preferred	Non-Preferred, Prior Authorization Required
Rasuvo® (methotrexate)	Otrexup® (methotrexate)

Muscle Relaxants - Skeletal

Preferred	Non-Preferred, Prior Authorization Required
Flexeril® (cyclobenzaprine)	Amrix® (cyclobenzaprine ER)
Robaxin® (methocarbamol)	Fexmid® 7.5mg (cyclobenzaprine)
Robaxin-750® (methocarbamol)	Lorzone® (chlorzoxazone)
	Metaxall® (metaxalone)
	Norflex® (orphenadrine)
	Norgesic® (orphenadrine/aspirin/caffeine)
	Norgesic® Forte (orphenadrine/aspirin/caffeine)
	Parafon Forte DSC® (chlorzoxazone)
	Skelaxin® (metaxalone)
	Soma® (carisoprodol)

Muscle Relaxants - Spasticity

Preferred	Non-Preferred, Prior Authorization Required
Lioresal® (baclofen)	Dantrolene® (dantrolene)
Zanaflex® Tablets (tizanidine)	Zanaflex® Capsules (tizanidine)



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ORAL/INJECTABLE/TOPICAL AGENTS (continued)

Non-Steroidal Anti-Inflammatory Drugs - Oral

Clinical prior authorization may apply

Preferred	Non-Preferred, Prior Authorization Required
Advil® (ibuprofen)	Anaprox® (naproxen)
Aleve® (naproxen)	Anaprox DS® (naproxen)
Ansaid® (flurbiprofen)	Arthrotec® (diclofenac/misoprostol)
Cataflam® (diclofenac potassium)	Cambia® (diclofenac)
Clinoril® (sulindac)	Daypro® (oxaprozin)
EC-Naprosyn® (naproxen)	Dolobid® (diflunisal)
Indocin® (indomethacin)	Feldene® (piroxicam)
Mobic® (meloxicam)	Indocin® SR (indomethacin)
Motrin® (ibuprofen)	Lodine® (etodolac)
Motrin-IB® (ibuprofen)	Lodine® XL (etodolac)
Naprosyn® (naproxen)	Meclofenem® (meclofenamate)
Relafen® (nabumetone)	Nalfon® (fenoprofen)
Toradol®(ketorolac) (limited to a 5 day supply)	Naprelan® (naproxen)
Voltaren®(diclofenac sodium oral)	Naprelan® CR Dosepak (naproxen)
Voltaren® XR (diclofenac sodium oral)	Orudis® (ketoprofen)
	Orudis® KT (ketoprofen)
	Oruvail® (ketoprofen)
	Ponstel® (mefenamic acid)
	Tivorbex® (indomethacin)
	Tolectin 600® (tolmetin)
	Tolectin DS® (tolmetin)
	Vimovo®(naproxen/esomeprazole)
	Vivlodex® (Meloxicam)
	Zipsor® (diclofenac)
	Zorvolex® (diclofenac)

Non-Steroidal Anti-Inflammatory Drugs - Topical

Preferred	Non-Preferred, Prior Authorization Required
Flector® Patch (diclofenac epolamine)	Pennsaid® (diclofenac)
Voltaren® Gel (diclofenac)	Sprix® Nasal Spray (ketorolac tromethamine)



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ORAL/INJECTABLE/TOPICAL AGENTS (continued)

Opioids - Long-Acting

Preferred	Non-Preferred-Prior Authorization Required
Hysingla® ER (hydrocodone ER) Embeda® (morphine/naltrexone) MS Contin® (morphine sulfate ER) OxyContin® (oxycodone SR) Ultram® ER (tramadol ER)	Arymo™ ER (morphine sulfate ER) Avinza® (morphine sulfate ER) Belbuca® (buprenorphine) Butrans® (buprenorphine) ConZip® (tramadol) Exalgo® (hydromorphone HCl ER) Kadian® (morphine sulfate ER) MorphaBond ER® (morphine sulfate ER) Nucynta® ER (tapentadol) Opana® ER (oxymorphone) Ryzolt® (tramadol ER) Troxycia® ER (oxycodone/naltrexone) Vantrela® ER (hydrocodone ER) Xartemis® XR (oxycodone/acetaminophen ER) Xtampza® ER (oxycodone ER) Zohydro® ER (hydrocodone ER) Duragesic® (fentanyl)

Pancreatic Enzyme Replacements

Preferred	Non-Preferred, Prior Authorization Required
Creon® (pancrelipase) Pancreaze® (pancrelipase) Zenpep® (pancrelipase)	Pertzye® (pancrelipase) Viokace® (pancrelipase)

PCSK-9 Inhibitors

**Clinical prior authorization may apply*

Preferred	Non-Preferred, Prior Authorization Required
Repatha® (evolocumab) Praluent® (alirocumab)	

Phosphate Binder Agents

Preferred	Non-Preferred, Prior Authorization Required
Eliphos® (calcium acetate) Phoslo® (calcium acetate)	Auryxia® (ferric citrate) Fosrenol® (lanthanum carbonate) Phoslyra® (calcium acetate oral solution) Renagel® (sevelamer HCl) Renvela® (sevelamer carbonate) Velphoro® (sucroferric oxyhydroxide)

Platelet Aggregation Inhibitors - Secondary Cardiac Prevention

Preferred	Non-Preferred, Prior Authorization Required
Plavix® (clopidogrel)	Brilinta® (ticagrelor) Effient® (prasugrel) Zontivity® (vorapaxar)



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ORAL/INJECTABLE/TOPICAL AGENTS (continued)

Platelet Aggregation Inhibitors - Stroke

Preferred	Non-Preferred, Prior Authorization Required
Plavix® (clopidogrel)	Aggrenox® (aspirin-dipyridamole ER)

Proton Pump Inhibitors

Preferred	Non-Preferred, Prior Authorization Required
Dexilant® (dexlansoprazole)	AcipHex® (rabeprazole)
Prilosec® (omeprazole)	AcipHex® Sprinkles™ (rabeprazole)
Protonix® (pantoprazole)	Dexilant® SoluTab (dexlansoprazole)
	Esomeprazole strontium® (esomeprazole strontium)
	Nexium® (esomeprazole)
	Nexium® Suspension (esomeprazole)
	Prevacid® (lansoprazole)
	Prevacid SoluTab® (lansoprazole)
	Prilosec® Packets (omeprazole)

Pulmonary Hypertension Agents

Preferred	Non-Preferred, Prior Authorization Required
Orenitram® (treprostinil)	Adcirca® (tadalafil)
Revatio® (sildenafil)	Adempas® (riociguat)
Tracleer® (bosentan)	Letairis® (ambrisentan)
	Opsumit® (macitentan)
	Uptravi® (selexipag)

Rosacea Agents

*Clinical prior authorization may apply

Preferred	Non-Preferred, Prior Authorization Required
Metrocream® (metronidazole)	Azelex® (azelaic acid)
Metrogel® (metronidazole)	Finacea® (azelaic acid)
	MetroLotion® (metronidazole)
	Mirvaso® (brimonidine)
	Noritate® (metronidazole)
	Rhofade® (oxymetazoline)
	Rosadan® (metronidazole)
	Soolantra® (ivermectin)

SGLT2 (sodium-glucose co-transporter 2) Inhibitors

*Clinical prior authorization may apply

Preferred	Non-Preferred, Prior Authorization Required
Glyxambi® (empagliflozin/linagliptin)	Farxiga® (dapagliflozin)
Invokana® (canagliflozin)	Jardiance® (empagliflozin)
Invokamet® (canagliflozin/metformin)	Qtern® (dapagliflozin/saxagliptin)
Invokamet® XR (canagliflozin/metformin ER)	Synjardy® (empagliflozin/metformin)
	Synjardy® XR (empagliflozin/metformin ER)
	Xigduo XR®(dapagliflozin/metformin ER)



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ORAL/INJECTABLE/TOPICAL AGENTS (continued)

Sleep Agents - Non-Scheduled

Preferred	Non-Preferred, Prior Authorization Required
Rozerem® (ramelteon)	Hetlioz® (tasimelteon) Silenor® (doxepin)

Sleep Agents – Scheduled - Non-Benzodiazepine

Preferred	Non-Preferred, Prior Authorization Required
Ambien® (zolpidem) Zolpidem generics	Ambien® CR (zolpidem CR) Belsomra® (suvorexant) Edluar® (zolpidem) Intermezzo® (zolpidem) Lunesta® (eszopiclone) Sonata® (zaleplon) Zolpimist® (zolpidem)

Statins

Preferred	Non-Preferred, Prior Authorization Required
Lipitor® (atorvastatin) Mevacor® (lovastatin) Pravachol® (pravastatin) Zocor® (simvastatin)	Altoprev® (lovastatin) Crestor® (rosuvastatin) Lescol® (fluvastatin) Lescol® XL (fluvastatin) Livalo® (pitavastatin)

Statin Combination (formerly Products for Hyperlipidemia)

Preferred	Non-Preferred
Caduet® (amlodipine/atorvastatin) Vytorin® (ezetimibe/simvastatin)	

Sulfonylureas – 2nd Generation

Preferred	Non-Preferred, Prior Authorization Required
Amaryl® (glimepiride) DiaBeta® (glyburide) Glucotrol® (glipizide) Glucovance® (glyburide/metformin) Glynase PresTab® (micronized glyburide) Micronase® (glyburide)	Glucotrol XL® (glipizide XL) Metaglip® (glipizide/metformin)

Thiazolidinediones

Preferred	Non-Preferred, Prior Authorization Required
Actos® (pioglitazone) ACTOplus Met® (pioglitazone/metformin)	ACTOplus Met® XR (pioglitazone/metformin) Avandamet® (rosiglitazone/metformin) Avandia® (rosiglitazone) Duetact® (pioglitazone/glimepiride)



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ORAL/INJECTABLE/TOPICAL AGENTS (continued)

Thrombopoietin Receptor Agonists (TPO)

*Clinical prior authorization may apply

Preferred	Non-Preferred, Prior Authorization Required
Nplate® (romiplostim)	
Promacta® (eltrombopag)	

Triptans

Preferred	Non-Preferred, Prior Authorization Required
Imitrex® (sumatriptan) tablets Maxalt® (rizatriptan) Maxalt-MLT® (rizatriptan) Relpax® (eletriptan)	Alsuma® (sumatriptan) Amerge® (naratriptan) Axert® (almotriptan) Frova® (frovatriptan) Imitrex® (sumatriptan) pens, vials, cartridges, nasal spray Onzetra Xsail® (sumatriptan) Sumavel DosePro® (sumatriptan) Zecuity® (sumatriptan) Zembrace Symtouch® (sumatriptan) Zomig® (zolmitriptan) Zomig-ZMT® (zolmitriptan)

Xanthine Oxidase Inhibitors

Preferred	Non-Preferred, Prior Authorization Required
Zyloprim® (allopurinol)	Uloric® (febuxostat)



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Avapro® (irbesartan).....	8
Avar LS® (sulfacetamide-sulfur) pads	4
Avar® (sulfacetamide-sulfur) pads.....	4
Avar-E Green® (sulfacetamide-sulfur) cream	4
Avar-E® Emollient (sulfacetamide-sulfur) cream	4



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Aveed® (testosterone undecanoate)	6
Avinza® (morphine sulfate ER)	18
Avita® (tretinoin) cream	4
Avodart® (dutasteride)	5
Axert® (almotriptan)	21
Axid® (nizatidine)	13
Axiron® (testosterone)	6
Azealex® (azelaic acid)	19
Azealex® (azelaic acid) cream	4
Azopt® (brinzolamide)	3
Azor® (amlodipine/olmesartan)	8
Azulfidine® (sulfasalazine)	15
Banzel® (rufinamide)	5
Basaglar® (insulin glargine)	15
Beconase AQ® (beclomethasone)	2
Belbuca® (buprenorphine)	18
Belsomra® (suvorexant)	20
Benicar HCT® (olmesartan/HCTZ)	8
Benicar® (olmesartan)	8
Benzaclin® (benzoyl peroxide-clindamycin) gel	4
Benzamycin® (benzoyl peroxide-erythromycin) gel	4
Bepreve® (bepotastine)	2
Betapace AF® (sotalol AF)	9
Betapace® (sotalol)	9
Bethkis® (tobramycin)	2
Bevespi Aerosphere™ (glycopyrrolate/formoterol)	1
Binosto® (alendronate)	9
Blephamide S.O.P.® (sulfacetamide/prednisolone)	3
Blephamide® (sulfacetamide/prednisolone)	3
Blocadren® (timolol)	9
Boniva® (ibandronate)	9
BP 10-1® (sulfacetamide/sulfur cleanser)	4
Breo Ellipta® (fluticasone/vilanterol)	1
Brilinta® (ticagrelor)	18
Bromday® (bromfenac)	3
BromSite® (bromfenac)	3
Brovana® (arformoterol)	1
Butrans® (buprenorphine)	18
Bydureon® Pens and Vials (exenatide ER)	12
Byetta® (exenatide)	12
Bystolic® (nebivolol)	9
Byvalson® (nebivolol/valsartan)	9
Caduet® (amlodipine/atorvastatin)	20
Calan SR® (verapamil SR)	10
Calan® (verapamil IR)	10
Cambia® (diclofenac)	17
Capex® (fluocinolone acetonide)	11
Capoten® (captopril)	3



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Carac®	12
Cardene® (nicardipine IR)	10
Cardene® SR (nicardipine SR).....	10
Cardizem® (diltiazem IR)	10
Cardizem® CD (diltiazem).....	10
Cardizem® LA (diltiazem)	10
Cardizem® SR (diltiazem)	10
Cartia XT® (diltiazem ER).....	10
Cataflam® (diclofenac potassium)	17
Celebrex® (celecoxib).....	11
Celexa® (citalopram)	7
Celexa® solution (citalopram)	7
Cerisa® (sulfacetamide-sulfur) emulsion	4
Cesamet® (nabilone).....	7
Cimzia® (certolizumab)	13, 14
Cipro® HC (ciprofloxacin/hydrocortisone)	3
Ciprodex® (ciprofloxacin/dexameth)	3
Clarinex® (desloratadine).....	8
Clarinex-D 12-hour® (desloratadine/pseudoephedrine)	8
Claritin 24-hr Allergy® (loratadine)	8
Claritin Hives Relief® (loratadine)	8
Claritin RediTabs® (loratadine)	8
Claritin® (loratadine).....	8
Claritin® Syrup (loratadine).....	8
Cleocin-T® (clindamycin) gel	4
Cleocin-T® (clindamycin) lotion.....	4
Cleocin-T® (clindamycin) solution	4
Clindacin® ETZ (clindamycin) swab	4
Clindacin-P® (clindamycin) swab.....	4
Clindagel® (clindamycin) gel	4
Clinoril® (sulindac).....	17
Clobetasol Propionate E® (clobetasol propionate)	10
Clobex® (clobetasol propionate).....	10
Clodan® (clobetasol propionate)	10
Cloderm® (clocortolone pivalate)	11
Colazal® (balsalazide disodium)	15
Colestid® Granules (colestipol)	9
Colestid® Tablets (colestipol)	9
Concerta® (methylphenidate ER).....	5
ConZip® (tramadol)	18
Cordran® (flurandrenolide)	11
Coreg CR® (carvedilol CR).....	9
Coreg® (carvedilol)	9
Corgard® (nadolol)	9
Cormax Scalp® (clobetasol propionate)	10
Cortisporin® Otic Solution (neomycin/polymyxin B/hc)	3
Cortisporin® Otic Suspension (neomycin/polymyxin B/hc)	3
Cortisporin-TC® (neomy/colist/hc/thonz).....	3



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Corzide® (nadolol/bendroflumethiazide)	9
Cosentyx® (secukinumab)	14
Coumadin® (warfarin)	6
Cozaar® (losartan)	8
Creon® (pancrelipase)	18
Crestor® (rosuvastatin)	20
Cromolyn® (cromolyn)	2
Cutivate® (fluticasone propionate)	11
Cymbalta® (duloxetine)	6
Daklinza® (daclatasvir)	13
Dantrium® (dantrolene)	16
Daypro® (oxaprozin)	17
Daytrana® (methylphenidate)	5
Delzicol® (mesalamine DR)	15
Depo-Testosterone® (testosterone cypionate)	6
Derma-Smoothe/FS Body & Scalp® (fluocinolone acetonide)	11
Dermatop® (prednicarbate)	11
Dermazone® (triamcinolone acetonide)	11
Desonate® (desonide)	11
DesOwen® (desonide)	11
Desoxyn® (methamphetamine)	5
Detrol® (tolterodine)	10
Detrol® LA (tolterodine ER)	10
Dexedrine® ER capsules (dextroamphetamine ER)	5
Dexedrine® tablets (dextroamphetamine)	5
Dexilant® (dexlansoprazole)	19
Dexilant® SoluTab (dexlansoprazole)	19
Dextrostat® (dextroamphetamine)	5
DiaBeta® (glyburide)	20
Differin® (adapalene) cream	4
Differin® (adapalene) gel	4
Dilt-XR® (diltiazem ER)	10
Diovan HCT® (valsartan/HCTZ)	8
Diovan® (valsartan)	8
Dipentum® (olsalazine)	15
Diprolene AF® (betamethasone dipropionate augmented)	10
Diprolene® (betamethasone dipropionate augmented)	10
Ditropan XL® (oxybutynin ER)	10
Ditropan® (oxybutynin)	10
Dolobid® (diflunisal)	17
Doxepin capsules and solution	7
Duac® (benzoyl peroxide-clindamycin) gel	4
Duetact® (pioglitazone/glimepiride)	20
Dulera® (formoterol/mometasone)	1
Duragesic® (fentanyl)	18
Dutoprol® (metoprolol/HCTZ)	9
Dyanavel® XR (amphetamine ER)	5
DynaCirc® (isradipine IR)	10



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EC-Naprosyn® (naproxen)	17
Edarbi® (azilsartan medoxomil)	8
Edarbyclor® (azilsartan medoxomil/chlorthalidone)	8
Edluar® (zolpidem)	20
Effexor® (venlafaxine)	6
Effexor® XR capsules (venlafaxine ER)	6
Effexor® XR tablets (venlafaxine ER)	6
Effient® (prasugrel)	18
Efudex®	12
Elavil® (amitriptyline)	7
Elestat® (epinastine)	2
Eliphos® (calcium acetate)	18
Eliquis® (apixaban)	6
Elocon® (mometasone furoate)	11
Emadine® (emedastine)	2
Embeda® (morphine/naltrexone)	18
Enablex® (darifenacin)	10
Enbrel® (etanercept)	13, 14
Entresto® (sacubitril/valsartan)	8
Entyvio® (vedolizumab)	14, 15
Epaned® (enalapril solution)	3
Epclusa® (sofosbuvir/velpatasvir)	13
Epiduo® (benzoyl peroxide-adapalene) gel	4
Epiduo® Forte (adapalene/benzoyl peroxide)	4
Epinephrine auto injectors	5
Epipen Jr® (epinephrine auto inject)	5
Epipen® (epinephrine auto inject)	5
Epogen® (epoetin alfa)	12
Ery® (erythromycin) pads	4
Erygel® (erythromycin) gel	4
Erythromycin solution	4
Esomeprazole strontium® (esomeprazole strontium)	19
Evoclin® (clindamycin phosphate) foam	4
Exalgo® (hydromorphone HCl ER)	18
Exforge® (amlodipine/valsartan)	8
Fabior® (tazarotene) foam	4
Famvir® (famciclovir)	8
Farxiga® (dapagliflozin)	19
Feldene® (piroxicam)	17
Fenofibrate generics	12
Fenoglide® (fenofibrate)	12
Fetzima® (levomilnacipran)	6
Fexmid® 7.5mg (cyclobenzaprine)	16
Finacea® (azelaic acid)	19
Flector® Patch (diclofenac epolamine)	17
Flexeril® (cyclobenzaprine)	16
Flonase® (fluticasone)	2
Flovent® Diskus® (fluticasone)	2



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Flovent® HFA (fluticasone).....	2
Fluocinolone Body & Scalp® (fluocinolone acetonide)	11
Focalin® (dexmethylphenidate).....	5
Focalin® XR (dexmethylphenidate ER).....	5
Fortamet® (metformin ER).....	9
Fortesta® (testosterone).....	6
Fosamax Plus D® (alendronate/cholecalciferol)	9
Fosamax® (alendronate)	9
Fosrenol® (lanthanum carbonate)	18
Frova® (frovatriptan).....	21
Fycompa® (perampanel)	5
Gabitril® (tiagabine)	5
Gelnique® Gel (oxybutynin)	10
Genotropin® (somatropin).....	12
Genotropin® MiniQuick (somatropin)	12
Giazo® (balsalazide disodium)	15
Glucophage® (metformin)	9
Glucophage® XR (metformin ER)	9
Glucotrol XL® (glipizide XL).....	20
Glucotrol® (glipizide).....	20
Glucovance® (glyburide/metformin)	20
Glumetza® (metformin ER)	9
Glynase PresTab® (micronized glyburide).....	20
Glyset® (miglitol).....	5
Glyxambi® (empagliflozin/linagliptin)	19
Granisol® (granisetron)	7
Halog® (halcinonide)	10
Harvoni® (ledipasvir/sofosbuvir)	13
Hetlioz® (tasimelteon).....	20
Humalog® (excluding multi-dose vials).....	15
Humalog® Mix (excluding multi-dose vials)	15
Humalog® Mix multi-dose vial	15
Humalog® multi-dose vial	15
Humatrope® (somatropin).....	12
Humira® (adalimumab)	13, 14, 15
Humulin 70/30® (excluding multi-dose vials)	15
Humulin 70/30® multi-dose vial	15
Humulin N® (excluding multi-dose vials)	15
Humulin N® multi-dose vial	15
Humulin R® (excluding multi-dose vials).....	15
Humulin R® multi-dose vial.....	15
Hyzaar® (losartan/HCTZ)	8
Ilevro® (nepafenac).....	3
Imitrex® (sumatriptan) pens, vials, cartridges, nasal spray	21
Imitrex® (sumatriptan) tablets.....	21
Incruse Ellipta® (umeclidinium bromide).....	1
Inderal® (propranolol).....	9
Inderal® LA (propranolol XL)	9



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Indocin® (indomethacin).....	17
Indocin® SR (indomethacin).....	17
InnoPran® XL (propranolol XL).....	9
Intermezzo® (zolpidem)	20
Invokamet® (canagliflozin/metformin).....	19
Invokamet® XR (canagliflozin/metformin ER).....	19
Invokana® (canagliflozin)	19
Isoptin® SR (verapamil SR)	10
Janumet® (sotaliptin/metformin)	11
Janumet® XR (sitagliptin/metformin XR)	11
Januvia® (sitagliptin)	11
Jardiance® (empagliflozin)	19
Jentadueto® (linagliptin/metformin)	11
Jentadueto® XR (linagliptin/metformin XR).....	11
Juxtapid® (lomitapide mesylate).....	13
Kadian® (morphine sulfate ER)	18
Kazano® (alogliptin/metformin)	11
Kenalog® (triamcinolone acetonide)	11
Keppra XR® (levetiracetam XR)	5
Keppra® (levetiracetam)	5
Keppra® Solution (levetiracetam)	5
Kerlone® (betaxolol).....	9
Kevzara® (sarilumab).....	13
Kineret® (anakinra)	13
Kitabis pak® (tobramycin nebulizer)	2
Klaron® (sulfacetamide) lotion	4
Kombiglyze® XR (saxagliptin/metformin)	11
Kynamro® (mipomersen)	13
Kytril® (gransetron)	7
Labetalol (labetalol)	9
Lantus SoloStar® (insulin glargine).....	15
Lantus® (insulin glargine)	15
Lastacaft® (alcaftadine).....	2
Lescol® (fluvastatin)	20
Lescol® XL (fluvastatin)	20
Letairis® (ambrisentan)	19
Levatol® (penbutolol).....	9
Levemir® Vial, FlexPen, FlexTouch (insulin detemir)	15
Lexapro® (escitalopram)	7
Lexapro® solution (escitalopram)	7
Lialda® (mesalamine DR).....	15
Linzess®(linaclotide).....	6
Lioresal® (baclofen).....	16
Lipitor® (atorvastatin)	20
Lipofen® (fenofibrate).....	12
Livalo® (pitavastatin).....	20
Locoid Lipocream® (hydrocortisone butyrate)	11
Locoid® (hydrocortisone butyrate)	11



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Lodine® (etodolac)	17
Lodine® XL (etodolac).....	17
Lofibra® (fenofibrate).....	12
LoKara® (desonide)	11
Lopid® (gemfibrozil)	12
Lopressor HCT® (metoprolol/HCTZ).....	9
Lopressor® (metoprolol tartrate).....	9
Lorzone® (chlorzoxazone)	16
Lotensin® (benazepril)	3
Lotrel® (benazepril/amlodipine)	4
Lotronex®(alosetron)	7
Lovaza® (omega-3 acid ethyl esters).....	13
Lumigan® (bimatoprost)	3
Lunesta® (eszopiclone)	20
Luvox® (fluvoxamine).....	7
Luxiq® (betamethasone valerate)	11
Lyrica® (pregabalin).....	5
Lyrica®Solution (pregabalin)	5
Marinol® (dronabinol).....	7
Matzim LA® (diltiazem ER)	10
Mavik®(trandolapril)	3
Mavyret®(glecaprevir/pibrentasvir)	13
Maxair® (pirbuterol).....	1
Maxalt® (rizatriptan)	21
Maxalt-MLT® (rizatriptan).....	21
Maxitrol® (neomycin/polymyxin/dexamethasone).....	3
Meclofenem® (meclofenamate)	17
Metadate CD® (methylphenidate 30/70)	5
Metadate® ER (methylphenidate ER)	5
Metaglip® (glipizide/metformin)	20
Metaxall® (metaxalone)	16
Methitest® (methyltestosterone)	6
Methylin Chewable® (methylphenidate).....	5
Methylin Solution® (methylphenidate).....	5
Metrocream® (metronidazole)	19
Metrogel® (metronidazole).....	19
MetroLotion® (metronidazole)	19
Mevacor® (lovastatin)	20
Micardis HCT® (telmisartan/HCTZ)	8
Micardis® (telmisartan).....	8
Micronase® (glyburide).....	20
Mirvaso® (brimonidine)	19
Mobic® (meloxicam)	17
Monopril® (fosinopril).....	3
MorphaBond ER® (morphine sulfate ER)	18
Motrin® (ibuprofen).....	17
Motrin-IB® (ibuprofen).....	17
Movantik® (naloxegol)	6



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MS Contin® (morphine sulfate ER).....	18
Myrbetriq®(mirabegron).....	10
Nalfon® (fenoprofen).....	17
Naprelan® (naproxen).....	17
Naprelan® CR Dosepak (naproxen).....	17
Naprosyn® (naproxen)	17
Nasacort AQ®(triamcinolone).....	2
Nasarel® (flunisolide)	2
Nasonex® (mometasone).....	2
Natesto® (testosterone)	6
Natroba® (spinosad).....	15
Nesina® (alogliptin).....	11
Neuac® (clindamycin/benzoyl peroxide)	4
Neurontin® (gabapentin)	5
Nevanac® (nepafenac)	3
Nexium®Suspension (esomeprazole).....	19
Nexium® (esomeprazole).....	19
Nolix® (flurandrenolide)	11
Norditropin® FlexPro (somatropin).....	12
Norflex® (orphenadrine)	16
Norgesic® (orphenadrine/aspirin/caffeine)	16
Norgesic® Forte (orphenadrine/aspirin/caffeine)	16
Noritate® (metronidazole)	19
Norpramin® (desipramine)	7
Norvasc® (amlodipine)	10
Novolin 70/30® (excluding multi-dose vials)	15
Novolin 70/30® multi-dose vial.....	15
Novolin N® (excluding multi-dose vials)	15
Novolin N® multi-dose vial.....	15
Novolin R® (excluding multi-dose vials).....	15
Novolin R® multi-dose vial	15
NovoLog® Mix multi-dose vial, PenFill, & FlexPens	15
NovoLog® multi-dose vial, PenFill, & FlexPen.....	15
Nplate® (romiplostim).....	21
Nucynta® ER (tapentadol).....	18
Nutropin AQ NuSpin® (somatropin)	12
Nutropin® AQ (somatropin)	12
Ocufen®(flurbiprofen).....	3
Olux® (clobetasol propionate)	10
Olux-E® (clobetasol propionate)	10
Omnaris® (ciclesonide).....	2
Omnitrope® (somatropin).....	12
Onexton® (benzoyl peroxide-clindamycin) gel	4
Onfi® (clobazam).....	5
Onglyza® (saxagliptin)	11
Onzetra Xsail® (sumatriptan)	21
Opana® ER (oxymorphone).....	18
Opsumit® (macitentan).....	19



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Optivar® (azelastine).....	2
Orencia® (abatacept)	13, 14
Orencia®(abatacept).....	14
Orenitram® (treprostinil)	19
Orudis® (ketoprofen)	17
Orudis® KT (ketoprofen)	17
Oruvail® (ketoprofen)	17
Oseni®(alogliptin/pioglitazone)	11
Otezla® (apremilast).....	14
Otovel® (ciprofloxacin/fluocinolone).....	3
Otrexup® (methotrexate).....	16
Ovide® (malathion)	15
Oxandrin® (oxandrolone)	6
Oxtellar® XR (oxcarbazepine).....	5
OxyContin® (oxycodone SR).....	18
Oxytrol® Patch (oxybutynin)	10
Pamelor® (nortriptyline)	7
Pamelor® solution (nortriptyline)	7
Pancreaze® (pancrelipase)	18
Pandel® (hydrocortisone probutate)	11
Parafon Forte DSC® (chlorzoxazone)	16
Pataday® (olopatadine).....	2
Patanase® (olopatadine).....	2
Patanol® (olopatadine)	2
Paxil ® solution (paroxetine)	7
Paxil CR® (paroxetine ER).....	7
Paxil® (paroxetine)	7
Pazeo® (olopatadine)	2
Pediaderm HC® (hydrocortisone base)	11
Pennsaid® (diclofenac).....	17
Pentasa® (mesalamine ER).....	15
Pepcid® (famotidine).....	13
Pepcid® (famotidine) oral suspension	13
Performist® (formoterol)	1
Pertzye ® (pancrelipase).....	18
Pexeva® (paroxetine)	7
Phoslo® (calcium acetate).....	18
Phoslyra® (calcium acetate oral solution).....	18
Plavix® (clopidogrel).....	18, 19
Plendil® (felodipine)	10
Ponstel® (mefenamic acid)	17
Pradaxa® (dabigatran).....	6
Praluent® (alirocumab)	18
Prandin® (repaglinide)	15
Pravachol® (pravastatin)	20
Precose® (acarbose).....	5
Pred-G S.O.P.® (prednisolone/Gentamicin)	3
Pred-G® (prednisolone/gentamicin)	3



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Prevacid SoluTab® (lansoprazole)	19
Prevacid® (lansoprazole).....	19
Prevalite® Powder (cholestyramine light)	9
Prevalite® Powder Packs (cholestyramine light).....	9
Prilosec® (omeprazole)	19
Prilosec® Packets (omeprazole)	19
Prinivil® (lisinopril)	3
Pristiq® (desvenlafaxine).....	6
ProAir HFA® (albuterol).....	1
ProAir RespiClick® (albuterol)	1
Procardia® XL (nifedipine ER).....	10
Procentra® (dextroamphetamine).....	5
Procrit® (epoetin alfa).....	12
Prolensa® (bromfenac)	3
Promacta® (eltrombopag).....	21
Proscar®(finasteride).....	5
Protonix® (pantoprazole).....	19
Proventil® HFA (albuterol)	1
Proventil® Inhalation Solution (albuterol)	1
Prozac® capsules (fluoxetine)	7
Prozac® solution (fluoxetine)	7
Prozac® tablets (fluoxetine)	7
Psorcon® (diflorasone diacetate)	10
Pulmicort Flexhaler™ (budesonide)	2
Pulmicort Respules® (budesonide) *> 7 years of age	2
Pulmicort Respules® (budesonide) *≤ 6 years of age only	2
Qbrelis® (lisinopril solution).....	3
Qnasl® (beclomethasone)	2
Qtern® (dapagliflozin/saxagliptin)	19
Questran Light® (cholestyramine light)	9
Questran® (cholestyramine)	9
Quillichew ER™ (methylphenidate ER)	5
Quillivant XR® (methylphenidate ER).....	5
QVAR RediHaler®(beclomethasone)	2
QVAR® (beclomethasone).....	2
Rasuvo® (methotrexate)	16
Refresh® (ketotifen).....	2
Relafen® (nabumetone)	17
Relistor® (methylnaltrexone) (tablets and injection).....	6
Relpax® (eletriptan)	21
Remicade® (infliximab)	13, 14, 15
Renagel® (sevelamer HCl)	18
Renvela® (sevelamer carbonate)	18
Repatha® (evolocumab).....	18
Retin-A® (tretinoin) cream.....	4
Retin-A® Micro (tretinoin) gel	4
Revatio® (sildenafil)	19
Rhinocort AQ® (budesonide)	2



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Rhofade® (oxymetazoline)	19
Riomet® (metformin oral solution)	9
Ritalin LA® (methylphenidate 50/50)	5
Ritalin SR® (methylphenidate ER)	5
Ritalin® (methylphenidate)	5
Rituxan® (rituximab)	13
Robaxin® (methocarbamol)	16
Robaxin-750® (methocarbamol)	16
Rosadan® (metronidazole)	19
Rosanil® Cleanser (sulfacetamide-sulfur) emulsion	4
Rosula® (sulfacetamide-sulfur) pads	4
Rozerem® (ramelteon)	20
Ryzolt® (tramadol ER)	18
Saizen® (somatropin)	12
Sanctura® (trospium)	10
Sanctura® XR (trospium ER)	10
Sancuso® (gransetron)	7
Savaysa® (edoxaban)	6
Savella® (milnacipran)	6
Sectral® (acebutolol)	9
Seebri Neohaler® (glycopyrrolate)	1
Serevent® Diskus® (salmeterol)	1
Sernivo® (betamethasone dipropionate)	10
Silenor® (doxepin)	20
Siliq® (brodalumab)	14
Simbrinza® (brinzolamide/brimonidine tartrate)	3
Simponi Aria® (golimumab)	13
Simponi® (golimumab)	13, 14, 15
Sitavig® (acyclovir)	8
Skelaxin® (metaxalone)	16
Sklice® (ivermectin)	15
Soliqua® (insulin glargine/lixisenatide)	15
Soma® (carisoprodol)	16
Sonata® (zaleplon)	20
Soolantra® (ivermectin)	19
Sovaldi® (sofosbuvir)/Olysio® (simprevir) in combination	13
Spiriva® Handihaler® (tiotropium)	1
Spiriva® Respimat (tiotropium)	1
Spritam® (levetiracetam)	5
Sprix® Nasal Spray (ketorolac tromethamine)	17
SSS 10-5® (sulfacetamide-sulfur) cream	4
Starlix® (nateglinide)	15
Stelara® (ustekinumab)	14
Stiolto® Respimat® (tiotropium/olodaterol)	1
Striant® (testosterone)	6
Striverdi® Respimat® (olodaterol)	1
Sular® (nisoldipine)	10
Sulfacetamide suspension	4



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Sulfacetamide-Sulfur lotion	4
Sumadan® (sulfacetamide-sulfur) kit	4
Sumadan® Wash (sulfacetamide-sulfur cleanser)	4
Sumavel DosePro® (sumatriptan)	21
Sumaxin® (sulfacetamide-sulfur) pads	4
Sumaxin® TS (sulfacetamide-sulfur) suspension	4
Sumaxin® Wash (sulfacetamide-sulfur) liquid	4
Surmontil® (trimipramine)	7
Symbicort® (budesonide/formoterol)	1
Symjepi®(epinephrine).....	5
Symproic® (naldemedine)	6
Synalar® (fluocinolone acetonide)	11
Syndros® (dronabinol).....	7
Synjardy® (empagliflozin/metformin).....	19
Synjardy® XR (empagliflozin/metformin ER)	19
Tagamet® (cimetidine)	13
Taltz® (ixekizumab)	14
Tanzeum® (albiglutide)	12
Tarka® (trandolapril/verapamil)	4
Tazorac® (tazarotene) cream	4
Tazorac® (tazarotene) gel	4
Taztia XT ®(diltiazem ER)	10
Technivie® (ombitasvir/paritaprev/ritonavir).....	13
Temovate E® (clobetasol propionate)	10
Temovate® (clobetasol propionate)	10
Tenormin® (atenolol)	9
Testim® (testosterone)	6
Testred® (methyltestosterone)	6
Teveten® (eprosartan)	8
Texacort® (hydrocortisone base)	11
Tiazac® (diltiazem)	10
Tivorbex® (indomethacin).....	17
Tobi® (tobramycin).....	2
Tobi® Podhaler™ (tobramycin)	2
TobraDex® (tobramycin/dexamethasone).....	3
TobraDex® ST (tobramycin/dexamethasone)	3
Tofranil - PM® (imipramine).....	7
Tofranil® (imipramine)	7
Tolak®	12
Tolectin 600® (tolmetin)	17
Tolectin DS® (tolmetin)	17
Topicort® (desoximetasone)	10
Toprol-XL® (metoprolol succinate)	9
Toradol®(ketorolac) (limited to a 5 day supply)	17
Toujeo Solostar® (insulin glargine)	15
Toviaz® (fesoterodine)	10
Tracleer® (bosentan).....	19
Travatan Z® (travoprost)	3



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Tremfya® (Guselkumab)	14
Tresiba FlexTouch® (insulin degludec)	15
Trianex® (triamcinolone acetonide)	11
Tribenzor® (olmesartan/amlodipine/HCTZ).....	8
Tricor® (fenofibrate)	12
Triderm® (triamcinolone acetonide)	11
Tridesilon® (desonide)	11
Triglide® (fenofibrate).....	12
Trilipix® (fenofibric acid)	12
Troxyca® ER (oxycodone/naltrexone).....	18
Trulance®(plecanatide)	6
Trulicity® (dulaglutide).....	12
Trusopt® (dorzolamide)	3
Tudorza PressAir® (aclidinium)	1
Twynsta® (amlodipine/telmisartan)	8
Tysabri® (natalizumab).....	14
Uceris® (budesonide)	15
Uloric® (febuxostat)	21
Ultram® ER (tramadol ER)	18
Ultravate® (halobetasol propionate)	10
Univasc® (moexipril)	3
Uptravi® (selexipag)	19
Urispas® (flavoxate)	10
Utibron™ Neohaler® (indacaterol/glycopyrrolate)	1
Valtrex® (valacyclovir).....	8
Vanos® (fluocinonide)	10
Vantrela® ER (hydrocodone ER).....	18
Vascepa® (icosapent ethyl)	13
Vasotec® (enalapril)	3
Velosulin BR® (excluding multi-dose vials)	15
Velosulin BR® multi-dose vial.....	15
Velphoro® (sucroferric oxyhydroxide)	18
Veltin® (clindamycin-tretinoin)	4
Ventolin HFA® (albuterol)	1
Ventolin® Inhalation Solution (albuterol)	1
Veramyst® (fluticasone).....	2
Verdeso® (desonide)	11
Verelan PM® (verapamil)	10
Verelan® (verapamil SR).....	10
Vesicare® (solifenacin)	10
Viberzi®(eluxadoline)	7
Victoza® (liraglutide)	12
Viekira Pak® (dasabuvir/ombitasvir/paritaprevir/ritonavir)	13
Viekira® XR (dasabuvir/ombitasvir/paritaprevir/ritonavir)	13
Vimovo®(naproxen/esomeprazole)	17
Viokace® (pancrelipase)	18
Visken® (pindolol)	9
Vivactil® (protriptyline)	7



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Vivlodex® (Meloxicam).....	17
Vogelxo® (testosterone)	6
Voltaren® Gel (diclofenac)	17
Voltaren® Ophthalmic (diclofenac).....	3
Voltaren® XR (diclofenac sodium oral)	17
Voltaren®(diclofenac sodium oral)	17
Vosevi®(sofosbuvir/velpatasvir/voxilaprevir).....	13
Vytorin® (ezetimibe/simvastatin)	20
Vyvanse® (lisdexamfetamine).....	5
Welchol® Powder (colesevelam)	9
Welchol® Tablets (colesevelam)	9
Westcort® (hydrocortisone valerate)	11
Xalatan® (latanoprost)	3
Xarelto® (rivaroxaban)	6
Xartemis® XR (oxycodone/acetaminophen ER)	18
Xeljanz® (tofacitinib)	13
Xeljanz® XR (tofacitinib)	13
Xermelo®(telotristat).....	7
Xigduo XR®(dapagliflozin/metformin ER	19
Xopenex HFA® (levalbuterol)	1
Xopenex® Inhalation Solution (levalbuterol)	1
Xtampza® ER (oxycodone ER)	18
Xultophy® (insulin degludec/liraglutide).....	15
Xyzal® (levocetirizine)	8
Zaditor® (ketotifen).	2
Zanaflex® Capsules (tizanidine).....	16
Zanaflex® Tablets (tizanidine)	16
Zantac® (ranitidine).	13
Zebeta® (bisoprolol).....	9
Zecuity® (sumatriptan).....	21
Zembrace Symtouch® (sumatriptan)	21
Zenpep® (pancrelipase)	18
Zenedi® (dextroamphetamine)	5
Zepatier® (elbasvir/grazoprevir)	13
Zestril® (lisinopril)	3
Zetonna® (ciclesonide).....	2
Ziac® (bisoprolol/HCTZ).....	9
Ziana® (clindamycin-tretinoin).....	4
Zioptan® (tafluprost).....	3
Zipsor® (diclofenac).	17
Zocor® (simvastatin)	20
Zofran ODT® (ondansetron)	7
Zofran® (ondansetron)	7
Zohydro® ER (hydrocodone ER)	18
Zoloft® (sertraline)	7
Zoloft® solution (sertraline)	7
Zolpidem generics	20
Zolpimist® (zolpidem)	20



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Zomacton® (somatropin)	12
Zomig® (zolmitriptan)	21
Zomig-ZMT® (zolmitriptan)	21
Zonegran® (zonisamide)	5
Zontivity® (vorapaxar)	18
Zorvolex® (diclofenac)	17
Zovirax® (acyclovir) (oral dosage forms only)	8
Zuplenz® (ondansetron)	7
Zylet®(Loteprednol/Tobramycin)	3
Zyloprim® (allopurinol)	21
Zyrtec® (cetirizine)	8
Zyrtec® Syrup (cetirizine)	8